

Position Description

Read each heading carefully before proceeding. Make statements simple, brief, and complete. Be certain the form is signed. Send the original to the Office of Personnel Services.

CHECK ONE: ☐ NEW POSITION ☒ x EXISTING POSITION

Part 1 - Items 1 through 12 to be completed by department head or personnel office.

1. Agency Name Kansas Department for Children and Families		9. Position No. K0211521	10. Budget Program Number 2000-2421 Early Childhood Block Grant appropriation		Agency Number
2. Employee Name (leave blank if position vacant)			11. Present Class Title (if existing position) Early Childhood Director		
3. Division Kansas Children's Cabinet and Trust Fund			12. Proposed Class Title		
4. Section	For Use By Personnel Office	13. Allocation			
5. Unit		14. Effective Date 11/24/2014			
6. Location (address where employee works) Landon S.O.B., #152, 900 SW Jackson Street City Topeka County Shawnee		15. By	Approved		
7. (circle appropriate time) Full time XX Perm. Inter. Part time Temp. XX %100		16. Audit Date: By: Date: By:			
8. Regular hours of work: (circle appropriate time) FROM: 8:00 AM/PM To: 5:00 AM/PM	17. Audit Date: By: Date: By:			Position Number	

PART II - To be completed by department head, personnel office or supervisor of the position.

18. If this is a request to reallocate a position, briefly describe the reorganization, reassignment of work, new function added by law or other factors which changed the duties and responsibilities of the position:

19. Who is the supervisor of this position? (person who assigns work, gives directions, answers questions and is directly in charge)?

Name	Title	Position Number
Janice Suzanne Smith	Executive Director-KCCTF	K0204258

Who evaluates the work of an incumbent in this position?

Name	Title	Position Number
SAME		

20. a) How much latitude is allowed employee in completing the work? b) What kinds of instructions, methods and guidelines are given to the employee in this position to help do the work? c) State how and in what detail assignments are made.

21. Describe the work of this position using the page or one additional page only. (Use the following format for describing job duties):

What is the action being done (use an action verb); to **whom** or **what** is the action directed (object of action); **why** is the action being done (be brief); **how** is the action being done (be brief). For each task state: Who reviews it? How often? What is it reviewed for?

Number Each Task and Indicate Percent of Time and Identity each function as essential or marginal by placing an E or M next to the % of time for each task. Essential functions are the primary job duties for which the position was created and that an employee must be able to perform, with or without reasonable accommodation. A marginal function is a peripheral, incident of minimal part of the position.

No. Each Task and Indicate Percent of Time	E or M	
100%	E	<p>This position plans, organizes and implements activities related to early childhood work at the Kansas Children's Cabinet.</p> <p>The duties include providing support for early childhood and child abuse prevention grantees.</p> <p>Works with early childhood partners on early childhood policy initiatives.</p> <p>Compiles and reports relevant information for the Kansas Legislature, Kansas Children's Cabinet board and Executive Director.</p> <p>Provides staff support to Cabinet committees. Serves on committees as requested by the Executive Director.</p>

22. a. If work involves leadership, supervisory, or management responsibilities, check the statement which best describes the position:

- () Lead worker assigns, trains, schedules, oversees, or reviews work of others.
() Plans, staffs, evaluates, and directs work of employees of a work unit.
() Delegates authority to carry out work of a unit to subordinate supervisors or managers.

None of the above apply...not supervisory, lead worker or delegatory work.

b. List the names, class titles, and position numbers of all persons who are supervised directly by employee on this position.

Name

Title

Position Number

NONE

23. Which statement best describes the results of error in action or decision of this employee?

- (XX) Minimal property damage, minor injury, minor disruption of the flow of work.
() Moderate loss of time, injury, damage or adverse impact on healthy and welfare of others.
() Major program failure, major property loss, or serious injury or incapacitation.
() Loss of life, disruption of operations of a major agency.

Please give examples.

24. For what purpose, with whom and how frequently are contacts made with the public, other employees or officials?

Employee will have frequent contact in-person (site visits, grantee meetings) with the grantees, responds to public about RFPs and general questions about the Children's Cabinet grants, may attend meetings on behalf of the Executive Director with other State employees and officials. There is frequent contact with variety of people via telephone and through corresponding via e-mails.

25. What hazards, risks or discomforts exist on the job or in the work environment?

26. List machines or equipment used regularly in the work of this position. Indicate the frequency with which they are used:

Computers, calculators, telephone, copier machines.

PART III - To be completed by the department head or personnel office

27. List the minimum amounts of education and experience which you believe to be necessary for an employee to begin employment in this position.

Education - General

Experience in early childhood policy and programs. Bachelor's Degree required. Master's preferred. Knowledge/experience in children's programming and child abuse/neglect prevention program are preferred.

Education or Training - special or professional
Bachelor's degree required in early childhood, education, or social work.
Master's degree preferred.

Licenses, certificates and registrations

Special knowledge, skills and abilities

Experience - length in years and kind

28. SPECIAL QUALIFICATIONS

State any additional qualifications for this position that are necessary either as a physical requirement of an incumbent on the job, a necessary special requirement, a bona fide occupational qualification (BFOQ) or other requirement that does not contradict the education and experience statement on the class specification. A special requirement must be listed here in order to obtain selective certification.

Signature of Employee _____ Date _____

Signature of Personnel Official _____ Date _____

Approved:

Signature of Supervisor _____ Date _____

Signature of Agency Head or
Appointing Authority _____ Date _____